

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 1/1407																			
<p style="text-align: center;">In re Application of STENKAMP, Dirk et. al.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number 10/699,089</td> <td style="width: 50%;">Filed October 31, 2003</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">AMIDE COMPOUNDS HAVING MCH-ANTAGONISTIC ACTIVITY AND MEDICAMENTS COMPRISING THESE For COMPOUNDS</td> </tr> <tr> <td style="width: 50%;">Group Art Unit 1626</td> <td style="width: 50%;">Examiner Fiona Powers</td> </tr> </table>			Application Number 10/699,089	Filed October 31, 2003	AMIDE COMPOUNDS HAVING MCH-ANTAGONISTIC ACTIVITY AND MEDICAMENTS COMPRISING THESE For COMPOUNDS		Group Art Unit 1626	Examiner Fiona Powers													
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 80%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;"><u>\$1020.00</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="text-align: center;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="text-align: center;">Registration number if acting under 37 CFR 1.34(a). _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">March 29, 2007</td> <td style="width: 50%; text-align: center;">/John A. Sopp/ Signature</td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">John A. Sopp, Reg. No.: 33,103 Typed or printed name</td> </tr> </table>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	<u>\$1020.00</u>	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____	March 29, 2007	/John A. Sopp/ Signature	Date	John A. Sopp, Reg. No.: 33,103 Typed or printed name
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<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>																					
<p>Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p>																					